

DeSoto School, Inc.
P.O. Box 2807
West Helena, AR 72390
870-572-6717
fax 870-572-9531

Counselor:

Please send records for the following student: _____

Date of Birth: _____, **Grade:** _____

- Transcript**
- Grades at time of withdrawal (Numerical average and letter grade).**
- Immunization record**
- Date of withdrawal/reason for withdrawal**
- Birth Certificate number**
- Psychological Test results and placement**

Sincerely,
E. G. Morris
Headmaster

.....
I authorize the release of any and all records for my child _____

To DeSoto School, Inc. Please send to the address below:

DeSoto School, Inc.
P.O. Box 2807
West Helena, AR 72390

Parent or Guardian: _____

Date: _____